



*City of Charleston*  
*South Carolina*

JOSEPH P. RILEY, JR.  
Mayor

THERON SNYPE  
MBE Manager

*Department of Budget, Finance and Revenue*  
*Collections*

**NOTE:**

If your company is currently certified as a minority or woman-owned business under the South Carolina Office of Small and Minority Business Assistance Program (“OSMBA”), or certified as a disadvantaged business enterprise by the South Carolina Department of Transportation (“SCDOT”) or the Carolinas Minority Suppliers Development Council, Inc. (“CMSDC”) program, you may not have to complete this application. You should contact the City of Charleston’s Minority Business Enterprise (“MBE”) office for more information. You may contact Theron Snype, MBE Manager at (843) 973-7247 or [snypet@charleston-sc.gov](mailto:snypet@charleston-sc.gov).

**THE COMPLETED W/MBE CERTIFICATION APPLICATION MUST BE SIGNED, NOTARIZED AND SUBMITTED TO THE MINORITY BUSINESS ENTERPRISE OFFICE. YOU MUST HAVE BEEN IN BUSINESS FOR AT LEAST ONE FULL YEAR PRIOR TO APPLYING FOR M/WBE CERTIFICATION.**



**CITY OF CHARLESTON  
MINORITY & WOMEN BUSINESS ENTERPRISE PROGRAM  
CERTIFICATION APPLICATION**

**Section A: Business Information**

**Certification # (Department Use Only)** \_\_\_\_\_

\*Asterisk (\*) indicates **Required Information**

☐ Sole Proprietorship    ☐ Partnership    ☐ Corporation    ☐ LLC    ☐ Other

\*Business Name: \_\_\_\_\_

\*Federal Tax Identification Number: \_\_\_\_\_

Name of Parent Company (if any): \_\_\_\_\_

\*Owner Name(s): \_\_\_\_\_

\*Business Address: \_\_\_\_\_

\*How long at this address: \_\_\_\_\_ Business URL (if applicable): \_\_\_\_\_

\*Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

\*Business Start Date: \_\_\_\_\_ \*Number of Employees: \_\_\_\_\_

\*Type of Business: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

In the space below, please give a concise description of your company's product(s), service(s) or type of construction. The description will be placed in our database (attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section B: Contact Information (if different from above)**

\*Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

\*Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Composition of Ownership – This is a Required Section**

Please check one box under "Ethnicity" and one box under "Gender."

**Ethnicity:**

- ☐ African American or Black (at least 51% of ownership)  
☐ American Indian or Alaskan Native (at least 51% of ownership)  
☐ Asian (at least 51% of ownership)  
☐ Hispanic or Latino (at least 51% of ownership)  
☐ Native Hawaiian/Pacific Islander (at least 51% of ownership)

**Gender:**

- ☐ Female (at least 51% of ownership)  
☐ Male (at least 51% of ownership)

### Section C: Business License Information

License Type:

Date Issued/Expires:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **ATTACH THESE ITEMS TO YOUR APPLICATION:**

- Copies of signed federal tax returns showing gross business receipts for the last two years;
- Copies of applicable business license(s);
- Copy of current identification (i.e., driver's license, identification card, etc.);
- Copy of deed, rental or lease agreement showing business address; and
- Copies of organizational documents filed with Secretary of State (if applicable).

→ If you have been in business for less than two years, please provide copies of your tax return for the period that you have been in business.

→ If any items on the application are not applicable, please put "N/A" in the designated area. If additional space is needed, please attach additional sheet(s).

→ The affidavit (below) must be signed and notarized.

Thank you for your interest in doing business with the City of Charleston, if you have questions regarding certification or would like assistance in completing this form, please contact:

Theron Snype, MBE Manager  
(843) 973-7247  
snypet@charleston-sc.gov

### **APPLICATION AFFIDAVIT:**

I certify that the above information is true and correct, and that my business meets all of the requirements of the City of Charleston Minority and Women Business Enterprise ("M/WBE") Program as specified in "Attachment A" attached hereto.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### **NOTARY:**

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

Seal

My Commission Expires \_\_\_\_\_

### **Mail Completed Application and Affidavit to:**

City of Charleston  
ATTN: Theron Snype  
MBE Office  
145 King Street, Suite 104  
Charleston, SC 29401

*A minority-owned business enterprise “(MBE)” is a business owned and controlled by minorities. A woman-owned business “(WBE)” is a business owned and controlled by women. The minorities or women must own fifty-one percent (51%) of the business, and they must control the management and daily operations of the business in order to qualify.*

*A minority is presumed to include, which presumption may be rebutted, a citizen of the United States (or lawfully admitted permanent residents) who is a Black African American, Hispanic American, Native American, Asian American or Native Hawaiian/Pacific Islander.*